DOCUMENT RESUME

ED 167 867 CG 013 263

AUTHOR Gerber, Gwendolyn L.
TITLE The Role of the Psychologist--Assessment and Treatment of Child Abuse.
PUB DATE 78
NOTE 15p.; Paper presented at the Annual Convention of the American Psychological Association (Toronto, Ontario, Canada, August, 1978)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Abuse; *Counselor Role; *Crisis Therapy; Family Counseling; *Family Problems; Group Counseling; *Parent Child Relationship; Parent Counseling; *Psychologists

ABSTRACT

In the field of child abuse, the psychologist's role is twofold: assessment of the dynamics involved in the particular case, and treatment. The psychologist's assessment could provide relevant information concerning whether to remove a child from the home, whether there is a danger to siblings, or whether the case would be amenable to treatment. Furthermore, an assessment of the dynamics of child abuse necessitates a professional understanding of a complicated interaction of social and personal factors. Family group interviews, which may include members of the extended family, may be utilized in treating a case of child abuse, a psychologist may also use a range of therapeutic techniques, such as group therapy, crisis therapy, couples therapy and family therapy. A case where such techniques were employed is provided in the presentation. (Author/PK)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED167867

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

The Role of the Psychologist--Assessment and Treatment of Child Abuse*

Gwendolyn L. Gerber

All states have now enacted legislation requiring that professional persons report cases of suspected child abuse. These cases are then investigated by state agencies. In many cases, an assessment of the case is made and treatment is instituted without the case coming to the attention of the court. In other cases, the court is asked to decide whether or not the child should be removed from the home--whether there would be a significant danger if the child were to remain in the home.

The psychologist's role in regard to these cases is two-fold: (1) Assessment of the dynamics involved in a particular case, and (2) Treatment.

Psychologists are trained in assessing an individual case. They can provide information relevant to decisions about whether to remove a child from the home, whether there is a danger to siblings, or whether the case would be amenable to treatment.

Assessment of the dynamics of child abuse in a particular family frequently involves a complicated interaction of factors. In making this assessment, the psychologist need not be restricted to traditional psychological tests, or interviews with individual family members. Family group interviews, which may include members of the extended family may also be indicated.

Treatment plans can involve a range of therapeutic techniques, such as, group therapy, crisis therapy, couples therapy and family therapy.

I. ASSESSMENT OF THE PROBLEM

Theories of Child Abuse

Different theories have been proposed to explain the dynamics of child

CG013263

*Paper presented as part of Symposium, "Are Psychological Data Used Effectively in Child Abuse, Custody, and Delinquency Cases? American Psychological Association Convention, 1978, Toronto, Canada.

abuse. One theory emphasizes societal factors and minimizes internal psychological factors. It emphasizes that although child abuse does occur in middle class families, it occurs most frequently where conditions of poverty, unemployment and single-parenting exist, and where the social envi onment elicits and maintains abusive behavior.

At the other extreme is a model that emphasizes the individual pathology og the parent. Parents who themselves have not been "sufficiently mothered" abuse their children. These parents are very needy, have often been physicallly abused or psychologically rejected by their own parents, and are simply treating their child n in the way that they themselves were treated.

Another model, the family systems model, sees abuse as a function of current stresses within the family unit, such as, emotional distance and lack of communication between the parents.

Child Abuse--A Behavior with Multiple, Interacting Causes

Frequently, in theorizing about the cause of child abuse, it is presented as a function either of social or individual determinants (Parke). The important factor is seen as the sanctioning of violence by the social environment, as "abnormal" personality characteristics of the abusive parents, or excessive ongoing family problems

No one model can explain child abuse in all cases. In some families, the reaction to social stress may be critical in precipitating abusive acts, in others, intra-psychic or intra-familial factors may predominate. More typically, the social environment will set the stage for abuse by sanctioning violence. However, this will interact with family and individual characteristics to produce an abusing family.

Not only may there be multiple types of stresses that maintain the symptom of child abuse, the effect of several stresses working together within a particular family can be greater than the simple effect of adding together individual stresses. For example, a child may suffer from hyperactivity. The presence of underlying conflicts and tensions between the parents can exacerbate the child's problem, creating an over-stimulating environment for the child. The parental tensions agitate the child, so that the child begins to act uncontrollably. This focusses the parents' attention on the child and results in the choice of this child as the scapegoat. (The extreme sensitivity of this child, rather than other siblings, to parental tensions, explains why this child, rather than the others, becomes the scapegoat).

1. Social Stresses and External Precipitating Events

Societal factors, such as, poverty and unemployment are associated with the occurrence of child abuse. Even more crucial may be the frequent isolation of poor, single-parent families from the community. It is likely that lower-class families are over-represented in statistics on child abuse because public agencies, such as clinics and hospitals, are more likely to report cases of abuse than are the private physicians who treat middle and upper-class families.

However, there are other factors which suggest that, in spite of the over-representation, violent acts towards children are more likely to occur in economically disadvantaged families. These factors are the greater number of stresses that are experienced by these families and the presence of cultural sanctions for aggression.

External precipitating event. In some cases of child abuse, it is possible to discern an initial precipitating stress which seems to trigger off the initial act of abuse. For example, the loss of a significant person in the life of the parent may be related to the development of some kind of symptom. When the normal process of grieving for this loss is prevented, the repressed feelings of grief, anger and loss can act as an ongoing stress, which interacts with other stresses experienced by the parent, to lessen the parent's controls and increase the probability that the parent will become abusing to their children.

2. Problems within the Family

When one examines the characteristics of abusing families, one sees that in most ways they are similar to families in which the symptom of disturbance takes a more psychological form, e.g. neurotic of psychotic symptomatology in a family member.

The parents are described as suffering from low self-esteem, which may be related to their experience of rejection or "lack of mothering" from their own parent. The child is often misperceived as the ambivalently-viewed, rejecting parent. There is frequently a reversal of parent-child roles, in that the child is misperceived by the parent as their own parent, and the parent's need for mothering is directed towards their child.

The "three-generational pattern" refers to a pattern in which the deviant behavior is passed on from one generation to the next. This occurs in many different types of families with problems, including ones in which child abuse is the primary symptom. Thus, abusing parents have themselves typically been the objects of abuse in their families of origin.

The "three generational pattern" may occur because the parent is identifying with the internalized image of their own parent in their behavior towards their child. It may also occur because the parent perpetuates the feeling of rejection from their parent in the ongoing relations that they have with them. They maintain relations with the grandparent, in the hopes that the grandparent will not continue to disappoint them. However, the repeated rejctions that they continue to receive from their parent increases the stress that they experience and is linked with outbursts of violence towards their child.

The relationship between the parents in abusing families is described as "symbiotic," just as it is in families where learning-problems or schizoprenia are the major symptom. The family is also frequently isolated from people in the community who would be able to provide support for them.

Violence as a pattern of communication within the family. In discussing the stresses and pathological patterns of interacting that occur within abusing families, we can see that these families are not strikingly different than other types of disturbed families. Thus, the question that must be asked is, "What differentiates families in which abuse occurs from other types of families with problems?"

Violence and aggressive acts are used as a method of communication between other family members, as well as between parent and child. When aggression occurs in husband-wife disputes, it also tends to occur in the discipline of the child (Steinmentz in Parke). For example, in one family in which abuse of the children occurred, the wife, a full-time homemaker, frequently left the house uncleaned. The husband was very upset by this.

After repeated verbal requests that she clean house, he broke a set of chairs of which his wife was particularly fond. She was fearful that he might break more of her cherished possessions, and responded by reluctantly complying with her husband's wishes.

3. Individual Personality Characteristics

Many of these parents suffer from low self-esteem. Some are diagnosed as psychotic or psychopathic, but there is no single diagnostic category that characterizes these parents. However, there are some other characteristics of abusing parents that do appear to be related to their symptom: (1) lack of self-control, and (2) externalizing blame onto the child.

Lack of self-control. The abusing parent frequently has a history of difficulty in controlling their temper from an early age. They have learned to take out their frustrations in violent acts, which may or may not have been directed against persons. For example, one boy, who had intense ambivalent feelings towards his mother, would break some of her possessions when he felt frustrated. As a parent, he vented his frustrations by abusing his children.

Following an abusive act, there may or may not be a delayed guilt reaction. When this guilt reaction does occur, the prognosis for therapy is more positive.

There may also be a gross misperception of the extent of the parent's violence towards their child. The parent may rationalize their own violence as being necessary disciplinary acts. In some of these cases, external observers can perceive that the child has been severely abused in the name

of discipline and their life may be endangered.

This is an example of how a social environment which sanctions aggressive acts in the discipline of children interactswith personal characteristics of the parent. Physical punishment is a widely-used disciplinary and child-rearing technique (Parke). It is sanctions by the culture as an appropriate method for training children. A parent who misperceives the extent of their own violent acts can utilize violence in disciplining their children and feel totally supported by the culture in doing so. However, their own personality style, which utilizes massive denial and rationalization interacts with socio-cultural values to produce abusive behavior.

Externalizing blame onto the child. In an effort to protect themselves and their already shaky self-esteem, the parent who abuses their child frequently perceives the child as responsible for the problems that they are experiencing. Externalizing blame is an attempt by the parent to cope with their own feelings of inadequacy. For example, a single parent, who finds that they are overwhelmed by stress as a consequence of poverty-stricken conditions, may blame their problems on the child, particularly, if the child is the result of an unwanted pregnancy. (Abuse of children who result from unwanted pregancies or who are adopted is more frequent).

The defense mechanism of externalizing blame becomes important when the court considers whether or not to remove a child from its parents for its own safety. In some cases, only one child in the family is scapegoated or abused, while the siblings escape this treatment. With the removal of one child from the home, there is a strong possibility that another child

may become the focus of the abuse if the parent has a strong internal need for a displacement object. The parent suffers a major blow to their ego when society says that their child must be removed from their care. The parent may then choose a sibling who remains in the home as the scapegoat. This occurs in families where a child is removed from the home for other reasons than a court order. For example, when an adolescent becomes so severely disorganized that he or she requires psychiatric hospitalization, another previously symptom-free sibling becomes the focus of the parent's unrealist needs, and will often develop symptoms of disturbance.

Choice of Symptom

If we examine the problem of child abuse from the three perspectives that we have been using, social, familial and individual, we see that there are problems at each of these levels, which are characteristic of other types of psychological disturbance. The coice of child abuse as a symptom is usually reinforced on all three levels. On a social level, child abuse appears to occur more frequently where the value structure sanctions violence in the discipline of children. On the family level, violence is usually a way of communicating within the family. And on an individual level, the parent may have a history of difficulty in maintaining control of their aggressive impulses.

The Defensive Function of Child Abuse

In assessing and making recommendations for a particular case, the psychologist has to pay attention to the defensive, as well as the pathological aspects of violence. For example, the experience of poverty and the overwhelming stress that this produces can precipitate feelings of

depression that are warded off by actions of violence. When a child is chosen as the target, the child is sacrificed so that the parent can continue to function without becoming incapacitated by their depression and hopelessness. In terms of treatment, when violent behaviors are no longer employed by the parent, the parent may be overwhelmed by depression and the therapist should be prepared to deal with this.

At the level of the family group, the function of scapegoating a child is to help the parents defend against dome potentially incapacitating feelings. The child is the one that is sacrificed, rather than one of the parents, because the child is less crucial to the maintenance of the family group.

II. TREATMENT

Many different types of treatment have been proposed for families in which child abuse occurs, such as, day care facilities, supportive parent aides, group therapy, supportive telephone networks, and behavior therapy.

There are two different approaches to treatment. Proponents for both approaches report a significant number of treatment successes. One approach is that treatment should focus on the removal of the sources of strain. This is proposed by theorists who differ in their formulation of the source of the strain, as societal, familial or intrapsychic. Treatment should deal with the underlying causes of the symptom, rather than the symptom itself. For example, in the social model, it is argued that since child abuse is associated most frequently with conditions of poverty and unemployment, the only way to ameliorate the problem is to ameliorate the conditions that lead to abuse. Some writers who take this approach caution against even discussing abuse with the parent, for fear that the parent will feel rejected

by the therapist and will react with increased abuse of the child.

Other approaches (Parke) work directly with the symptom of abuse by treating it with a variety of behavior modification techniques (Risley & Baer, 1973, In Parke).

These two therapeutic approaches need not be mutually exclusive. It is important to help families remove sources of strain and also to provide parents with alternatives to aggression toward their children. As the ongoing factors which maintain a high level of stress are resolved, behavioral techniques may be employed to eliminate the symptom.

A case example will be presented in order to illustrate the complicated interaction of causal factors as well as the range of therapeutic techniques that may be utilized in a particular case.

Case Example

Mary M. was referred to a psychiatric hospital following her hospitalization for medical complaints of pains in her left arm and chest. She feared that she was having a heart attack. While hospitalized on a medical ward, she had confessed to the social worker that she abused her children. The medical findings in regard to the heart attack were negative, yet Mary was so incapacitated by feelings of inadequacy and guilt over her treatment of her children, that she was referred for further inpatient psychological treatment.

Both Mary and Joe agreed that Mary had initially started to abuse their children following the birth of a still-born child, eight years ago. At the time of the birth, the obstretrician had counselled that the couple forget the child as soon as possible. Mary's mother had concurred with this and had not told the couple where the child was buried, even though Mary

had tearfully pleaded for this information on numerous occasions. Neither Mary or Joe had gone through the process of mourning for this still-born child. Their memories of it contained mixtures of fantasy and reality. Mary feared that the child's body may have been used for medical experimentation. She experienced an"anniversary grief reaction" every Thanksgiving, the time when the birth had occurred.

There were two children, Ronny who was six and John who was eleven. The couple had received brief treatment a year earlier on the recommendation of the school psychologist. They had dropped out of treatment after only a few weeks. This referral had come about as a result of an incident involving the younger child. Ronny had been playing with a gerbal at nursery school. The animal bit him and he responded by squeezing it to death.

Mary had had difficulty controlling her temper from early childhood. This continued to be a problem for her. When interacting with other patients on the in-patient unit, she would get involved in loud arguments, threaten physical violence, cry easily, and then excuse her behavior as someone else's fault. When she became frustrated with her children, her first reaction was to hit them. She was unable to control herself at the time, even when these incidents occurred in public and she could hear disapproving comments. She would suffer remorse later.

She was motivated for change. Part of this was due to the overwhelming sense of rejection she felt when Ronny was hospitalized for a 106 degree fever several months before. He had refused to let his mother come near him in the hospital, for fear that she would hurt him.

During the initial phases of treatment, Mary was seen in individual therapy sessions and she and Joe were seen in couples therapy. As the issue

was explored in therapy, the link between the birth of the still-born child and the abuse became clear. Mary had not wanted any more children after the birth of her first child. She had thought of aborting the second child, but did not do so. She feared that she might have been responsible for the child's death in some way, but defended against this feeling by placing the blame on John. She believed that the still-birth was caused by John hitting her in the stomach.

The focus of the first part of treatment was to help the couple to work through their grief for the still-born child together. Both of them visited the grave, decided to name the child and put up a marker. Mary reported several weeks following this, that for the first time since the birth of the still-born child, she did not become tearful and depressed on Thanksgiving.

One of the ongoing stresses in the family was that the father had retreated from the household, taking with him the two boys. He did not know how to deal with Mary's temper outbursts, so this was his passive way of coping with the situation. Mary felt left out by the fact that Joe and the children spent much time away from the household in scouting activities. As the couple gradually became more able to communicate with one another, they discussed this issue, and Joe agreed to include Mary in the scouting activities as a den mother.

After an initial period of couples therapy, the two children were included in family therapy sessions. During sessions, Ronny's hyperactivity became apparent. This was exacerbated by the tensions between the parents. Whenever they discussed conflicts between them, Ronny would become increasingly agitated in his behavior. He would have been a difficult child in any family situation, but he became a major behavior problem in this family

constellation. Neither parent would put controls on him until his behavior became frenetic and sometimes destructive of property. The parents were counselled to institute controls earlier. Psychological testing showed that some of Ronny's school problems were due to perceptual-motor problems, as well as hyperactivity. Thus, he was also placed in a special school program.

Towards the end of Mary's hospital stay, the grandmother joined the family therapy sessions. She had been caring for the children. A crisis occurred when John said that he would run away from home if the grandmother continued to stay with them. She was described by the family as a rigid, rejecting, critical, insensitive woman. Mary had always been very dependent on her, as exemplified by her daily, long-distance telephone calls to her. During family therapy sessions, the grandmother criticized Mary and other members of the family unmercifully, despite the over-whelming feedback she received that this was destructive to everyone concerned.

Mary's ongoing dependence on her mother had acted as a continual stress for her. The extent of the stress was clarified by the grandmother. She told of the events that had led to Mary's initial hospitalization on a medical ward. The grandparents had been scheduled to visit the family that day. Mary had become so agitated over the thought of the visit that she had hit the younger child with a belt, cutting him so severely that he had to be taken to the hospital Emergency Room for stitches. Later in the day, her remorse precipitated her somatic "heart attack."

The family continued in treatment after Mary's three-month hospitalization. Mary began to lessen her dependence on her mother. She began developing other relationships and started doing volunteer work at a nearby hospital.

Therapy sessions then focussed directly on her abusive behavior and her "discipline" of the children. Alternate methods of discharging her frustrations were discussed. The father took over the disciplinary task when he was home. When Mary was alone with the children and felt the impulse to hit them, she would rehearse to herself, "Mary shouldn't hit the children." Her aggressive outbursts continued to decrease following

This case illustrates many of the characteristics of abusive families, as well as the complicated interaction of many stressful causal factors. There was a clearcut initial precipitating event for the abuse--the birth of the still-born child. Ongoing stressful events, such as the grandmother's visit, precipitated particular acts of abuse. The husband had attempted to cope with the distance between himself and his wife, as well as her violence by absenting himself and the children from the home. This exacerbated the problem for Mary. From Ronny's behavior in killing the gerbal, it was evident that he had already internalized the norm of violence as a reaction to stress.

Therapy involved several different types of techniques--crisis therapy to work through the grief, couples therapy, individual therapy with the mother, family therapy and behavior therapy. Each therapeutic technique was carefully chosen to focus on a particular problem within the family unit.